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**CONFIRMATION NO. 7967** 

| SERIAL NUMB<br>10/051,322  |         | FILING DATE<br>01/18/2002<br>RULE | (  | CLASS<br>606  | GRO | UP AR <sup>-</sup><br>3731       | T UNIT      |    | ATTORNEY<br>OCKET NO.<br>ONUX-13 |
|--|---------|-----------------------------------|----|---------------|-----|----------------------------------|-------------|----|----------------------------------|
| APPLICANTS   |         |                                   |    |               |     |                                  |             |    |                                  |
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| ** CONTINUING DATA ************************  This appln claims benefit of 60/262,588 01/18/2001  Co      |         |                                   |    |               |     |                                  |             |    |                                  |
| Jone 60 -  |         |                                   |    |               |     |                                  |             |    |                                  |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY ** ** 02/12/2002                             |         |                                   |    |               |     |                                  |             |    |                                  |
| Foreign Priority claimed   |         | yes no                            |    | STATE OR      | SHE | ETS                              | тот         | AL | INDEPENDENT                      |
| 35 USC 119 (a-d) conditions yes no Met after met Verified and Acknowledged Examiner's Signature Initials |         |                                   |    | COUNTRY<br>NH |     |                                  | CLAII<br>34 |    | CLAIMS<br>6                      |
| ADDRESS<br>23628<br>WOLF GREENFI<br>NULL<br>FEDERAL RESE<br>600 ATLANTIC A<br>BOSTON , MA<br>02210-2206  | RVE I   | PLAZA                             |    |               |     |                                  |             |    |                                  |
| TITLE<br>Surgical suturing   | instru  | iment and method of us            | se |               |     |                                  |             |    | ·                                |
|  |         |                                   |    |               |     | All Fees                         |             |    |                                  |
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